

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | BAT      | 70387  |          |
| O.I.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          | Vi       | 625    | 08-17-00 |
| RESPONSE FORMALITY REVIEW |          |        |          |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

| Claim    | Date    |
|----------|---------|
| Final    |         |
| Original | 27/4/98 |
| 1        | ✓ ✓ ✓   |
| 2        | ✓ ✓ ✓   |
| 3        | ✓ ✓ ✓ ✓ |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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